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PTO/SB/50 (4/98) Approved for use through 09/30/2000. OMB 0651-0033

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#### REISSUE PATENT APPLICATION TRANSMITTAL Attorney Docket No. 076565-0115 First Named Inventor Lawrence G. Davisco Address to: 5,842,486 Original Patent Number **Assistant Commissioner for Patents Box Patent Application** Original Patent Issue Date 12/01/1998 (Month/Dav/Year) Washington, DC 20231 EL529676065US Express Mail Label No. **APPLICATION FOR REISSUE OF:** Utility Patent Design Patent X Plant Patent (check applicable box) **ACCOMPANYING APPLICATION PARTS** APPLICATION ELEMENTS \* Fee Transmittal Form (PTO/SB/56) Foreign Priority Claim (35 U.S.C. 119) X (if applicable) (Submit an original, and a duplicate for fee processing) Information Disclosure Copies of IDS Specification and Claims (amended, if appropriate) 2. Statement (IDS)/PTO-1449 Citations English Translation of Reissue Oath/Declaration Drawing(s) (proposed amendments, if appropriate) (if applicable) Small Entity Reissue Oath / Declaration (original or copy) Statement filed in prior application, (37 C.F.R. § 1.175)(PTO/SB/51 or 52) Statement(s) Status still proper and desired (PTO/SB/09-12) Original U.S. Patent Preliminary Amendment Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) Return Receipt Postcard (MPEP 503) (Should be specifically itemized) **Ribboned Original Patent Grant** Request for Transfer of X 13. Other: Affidavit / Declaration of Loss (PTO/SB/55) Drawings 6. Original U.S. Patent currently assigned? Copy of USPN 5,842,486 Yes (If Yes, check applicable box(es)) \*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). Written Consent of all Assignees (PTO/SB/53 or 54) Power of Х 37 C.F.R. § 3.73(b) Statement Attomey 14. CORRESPONDENCE ADDRESS or X Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Christopher M. Turoski Name Foley & Lardner; Firstar Center Address 777 E. Wisconsin Avenue Mi Iwaukee Wisconsin 53202-5367 Zip Code State City USA Telephone Fax 414-297-5772 414-297-4900 Country NAME (Print/Type) Christopher M. Turoski Registration No. (Attorney/Agent) 44,456 mon

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the in dividual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent a nd Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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Docket Number (Optional)

REISSUE APPLICATION FEE TRANSMITTAL FORM									Docket Number (Optional)			
REISSUE AFFLICATION LE TIGNOSSIT LA L'ONS								76565/115				
Claims as Filed - Part 1												
Cla	ims in		Numb	er Filed in	(3)		Small	Il Entity		Other than a Small Entity		
Patent		For	Reissue Application		Number Extra		Rate	Fee		Rate	Fee	
(A)	20	Total Claims (37 CFR 1.16(j))	(B) 43		****	18 =	x \$ =		or	x \$18.00=	\$360.00	
(C)	3	Independent Claims (37 CFR 1.16(i))	(D) <sup>5</sup>		•	2 =	x \$ =			× \$78.00=	\$156.00	
Basic Fee (37 CFR 1.16(h)) \$											\$_760.00	
		•		To	otal F	iling Fee		\$		OR	<b>\$1276.00</b>	
Claims as Amended - Part 2												
		(1) Claims Remainin	o	(2) Highest Nur	nber	(3) Extra	Small E	ntity		Other than	a Small Entity	
		After Amendmer	it	Previous Paid For	iy	Claims Present	Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j))		***	MINUS	**		= 0	x \$=		or	x \$ 18.00	\$0.00	
Independent Claims (37 CFR 1.16(i))		(1))	MINUS	****		= 0	x \$ =		٠.	x \$ 78.0₽	\$0.00	
Total Additional Fee \$ OR \$0.00												
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancelation of claims  **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).  **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).												
Please charge Deposit Account No in the amount of  A duplicate copy of this sheet is enclosed.												
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1447  A duplicate copy of this sheet is enclosed.  A check in the amount of \$ 1276.00 to cover the filing / additional fee is enclosed.												
12/19/99 Mustin M. Tursdic  Date Signature of Applicant, Attorney or Agent of Record												

Typed or printed name

Christopher M. Turoski, Registration No. 44,456

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Davis, Lawrence G.

Nikolaus, Carol J.

Title:

HERMETICALLY SEALED

**COSMETIC COMPACT CASE** 

Patent No.:

5,842,486

Issue Date:

12/01/1998

Examiner:

To be determined

Application No.:

To be determined

Art Unit:

To be determined

Attorney Docket

76565/115

No.:

# CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231. EL529676065US (Express Mail Label Number)

## REQUEST FOR TRANSFER OF DRAWINGS

Assistant Commissioner for Patents Washington, D.C. 20231

The Applicants for reissue hereby request transfer of the official drawing contained in the file of the above-captioned U.S. Patent No. 5,842,486 to the present Application for reissue.

Respectfully submitted,

**FOLEY & LARDNER** 

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